



Office of International Student & Scholar Services
Center for International Studies

261 Millennium Student Center (MC221)
One University Blvd
St. Louis, MO 63121-4400
Phone: 314-516-5229
Fax: 314-516-5636
iss@umsl.edu

Request for SEVIS Transfer
(F-1 and J-1 Students)

Complete this form if you will transfer to another college, university or English language program in the U.S. Please include a copy of your admission letter from the transfer institution as well as the original transfer-in form from that institution.

Name \_\_\_\_\_ Student Number \_\_\_\_\_

Local Address: \_\_\_\_\_

Email address \_\_\_\_\_ Phone \_\_\_\_\_

Degree program and field of study at UM-St. Louis: \_\_\_\_\_

Did you complete the degree program listed on your current I-20 or DS-2019? [ ] Yes [ ] No

Please list your first semester at UM-St. Louis: [ ] Fall \_\_\_\_\_ [ ] Spring \_\_\_\_\_ [ ] Summer \_\_\_\_\_

Please list the last semester you enrolled in or completed at UM-St. Louis?
[ ] Fall \_\_\_\_\_ [ ] Spring \_\_\_\_\_ [ ] Summer \_\_\_\_\_

What is the program end date on your I-20 or DS-2019? \_\_\_\_\_

Are you presently in good F-1 or J-1 status? [ ] Yes [ ] No If no, please explain.

Are you eligible to continue at UM-St. Louis? [ ] Yes [ ] No If no, please explain:

What institution are you transferring to? \_\_\_\_\_

Term of admission at your transfer institution: [ ] Fall \_\_\_\_\_ [ ] Spring \_\_\_\_\_ [ ] Summer \_\_\_\_\_

What is your requested transfer release date (the date you would like us to release your record to the new school)?

Student Acknowledgement Statement

My signature below confirms that: (1) I request and give my permission for the University of Missouri-St. Louis to release any necessary information to determine my eligibility for transfer as addressed by 8CFR214.2(f)(8) to the institution indicated on this form; (2) I understand that the release of my SEVIS record cancels any on-campus or off-campus employment authorization issued by the University of Missouri-St. Louis; (3) I also understand that if I change my mind about transferring, I must contact the Office of International Student & Scholar Services immediately to cancel this request.

Signature \_\_\_\_\_ Date \_\_\_\_\_

For Office Use Only
Transfer Completed: \_\_\_\_\_ DSO: \_\_\_\_\_